

DECLARATION, POWER OF ATTORNEY AND  
APPOINTMENT OF DOMESTIC REPRESENTATIVE

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SPIKED CONVEYOR BELT  
the specification of which

(Check       X       is attached hereto.  
one)

— was filed on \_\_\_\_\_  
as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §§1.56 and 1.63(d).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**Prior Foreign Application(s):**

			<u>Priority Claimed</u>
523204 PCT/NZ2003/000275	New Zealand New Zealand	16 December 2002 15 December 2003	Yes Yes
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year Filed)</u>	<u>Yes/No</u>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §§1.56 and 1.63(d) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>(Application Serial No.)</u>	<u>(Filing Date)</u>	<u>(Status - Patented, pending, abandoned)</u>
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**POWER OF ATTORNEY**

I hereby appoint all registered patent attorneys associated with Customer Number 35301 assigned to the firm of McCormick, Paulding & Huber LLP, CityPlace II, 185 Asylum Street, Hartford, Connecticut 06103-3402, telephone (860) 549-5290, as my attorneys to prosecute this application, to make alterations and amendments therein, to receive the patent and all correspondence relating to this application, and to transact all business in the U. S. Patent and Trademark Office connected therewith, and the said attorneys are hereby given full power of substitution and revocation.

**APPOINTMENT OF DOMESTIC REPRESENTATIVE**

The above-identified attorneys, also known as McCORMICK, PAULDING & HUBER LLP, whose postal address is CityPlace II, 185 Asylum Street, Hartford, Connecticut 06103-4102, United States of America, are hereby designated

Applicant's representative upon whom notices or process in proceedings affecting the patent may be served. Said firm shall take instructions from my foreign patent agents in all matters affecting this application and the patent.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Bruce Hyndman HENLEY  
Full name of sole or first inventor



New Zealand  
Citizenship

120 Gladstone Terrace  
Invercargill  
NEW ZEALAND

Same as Above  
Post Office Address

Full name of second joint inventor, if any

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**Inventor's Signature**

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**Residence Address**

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**Post Office Address**

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